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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # **S87450** (0)

1. Corporation Name

ARROW MAINTENANCE AND REPAIR CENTER, INC.

Principal Place of Business

**950 S E 12TH STREET
HALEAH FL 33010**

Mailing Address

**950 S E 12TH STREET
HALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1991

3a. Date of Last Report
08/10/1994

4. FEI Number
65-0321909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. Does corporation have liability for a delinquent tax return for 1994-1995
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

28

24 25

29

30

9. Name and Address of Current Registered Agent

**FINAZZO, NICOLAS
950 SE 12TH STREET
HALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

By _____, President, Secretary, Treasurer, or other officer or director

By _____, Registered Agent

By _____

12. OFFICERS AND DIRECTORS

NAME **V MESECHER, B. D.**
STREET ADDRESS **950 SE 12TH STREET**
CITY, ST. ZIP **HALEAH FL**

NAME **T HIGGINS, JOHN J**
STREET ADDRESS **950 SE 12TH STREET**
CITY, ST. ZIP **HALEAH FL**

NAME **S BATCHELOR, ANNE O**
STREET ADDRESS **950 SE 12TH STREET**
CITY, ST. ZIP **HALEAH FL**

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME **DYP BATCHELOR, GEORGE E.**
STREET ADDRESS **950 S.E. 12 ST**
CITY, ST. ZIP **HALEAH, FL. 33010**

NAME **D BATCHELOR, MARIANNE T.**
STREET ADDRESS **950 S.E. 12 ST.**
CITY, ST. ZIP **HALEAH, FL. 33010**

NAME **V WALKER, RAYMOND S.**
STREET ADDRESS **950 S.E. 12 ST.**
CITY, ST. ZIP **HALEAH, FL. 33010**

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

APPE D. BATCHELOR
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

- SECRETARY

3/31/95

(305) 889-0000